

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9			1			
10		1				
11						
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TOTAL IND.						
TOTAL DEP.						
TOTAL						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
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